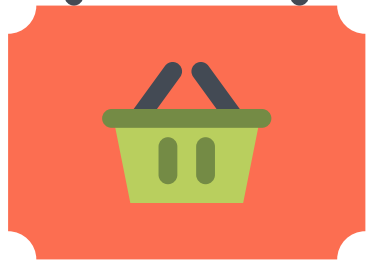


SHOPPING LIST



Week/Month of: _____

Cost: _____



FRUITS:

VEGETABLES:

TOILETRIES:

CLEANERS:

SNACKS:

DRINKS:

OFFICE SUPPLIES:

KITCHEN/FARM ITEMS: